

Department of Health, Clean Air Branch
Approval Request to Burn Agricultural Vegetation for the Control of Dengue Fever

Section 1. Requested by

| | |
|-----------------------|--------------------|
| Last Name | First Name |
| Mailing Address | Email Address |
| Daytime Phone Number: | Cell Phone Number: |

Section 2. Location of the burn

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|---|---|
| Burn Location Address: (Location where burning will take place. List TMK if no street address.) | |
| Tax Map Key (TMK) or Parcel Number: | |
| Map included? <input type="checkbox"/> Yes <input type="checkbox"/> No | Proposed start date: |
| Size of Property/Farm in Acres: | Estimated amount of material to be burned: |
| Are you the property owner? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, do you have the owner's authorization to burn on property? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Water source available on-site to completely extinguish the fire? <input type="checkbox"/> Yes <input type="checkbox"/> No (list alternative to extinguish the fire) | |
| Describe type of material to be burned: | |
| Any impacts to nearby neighbor, building, road, highway, or public access? <input type="checkbox"/> Yes (describe) <input type="checkbox"/> No | |
| Comments/Notes: | |
| <i>I certify that the information provided on this form is true to the best of my knowledge. I acknowledge that failing to disclose any requested information or providing inaccurate information may result in a delay in processing this request.</i> | |

| | |
|---|---|
| Signature | Date |
| Signature and date are required. Failure to sign and date will delay the processing of your approval. | |
| Complete this form and return to the Clean Air Branch by email, fax or U.S. mail. | |
| email CAB@doh.hawaii.gov FAX: (808) 586-4359 | Clean Air Branch Environmental Management Division Hawaii Department of Health 919 Ala Moana Blvd. Room 203 Honolulu, Hawaii 96813 |

Section 3. For Agency Use Only

| | |
|---|---------------------------|
| Approved: <input type="checkbox"/> General conditions <input type="checkbox"/> Special conditions Date approved: | |
| Denied: <input type="checkbox"/> Does not meet requirements | Date letter sent/emailed: |
| Comments/Notes: | |